AUG 2 5 2005

TELECOPIER COVER SHEET

August 25, 2005

| To: Assistant Commissioner for Patents | From: Cristene Amador for Peter Nichols | | |
|---|---|--|--|
| Attention: Examiner Dana D. Greene Art Unit 3762 TECHNOLOGY CENTER 3700 | ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221 | | |
| Telecopier: 571/273-8300 | Telecopier: 818/362-4795 | | |
| RE: Amendment and Request for Reconsideration App. No.: 10/735,944 Filed: 12/12/2003 Docket No.: A03P1079US02 | Number of pages being sent: _10 (including cover page) | | |

PLEASE DELIVER TO EXAMINER DANA D. GREENE Art Unit 3700

PATENT RECEIVED CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AUG 2 5 2005

Applicant:

Jong Kil et al.

Confirmation No.: 3701

Serial No.:

10/735,944

Examiner:

D. Greene

Filed:

12/12/2003

Art Unit:

3762

Docket No.:

For:

A03P1079US02

SYSTEM AND METHOD FOR EMULATING A SURFACE EKG

USING INTERNAL CARDIAC SIGNALS SENSED BY AN IMPLANTABLE MEDICAL DEVICE

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendments Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir.

Submitted herewith for filing are the following documents:

Amendment and Request for Reconsideration

<u>X</u> <u>X</u> Power of Attomey by Assignee...

Transmittal Letter, Fee and Cert. of Mailing

| ПЕМ | | NO. OF CLAIMS REMAINING | NO, OF CLAIMS PREVIOUSLY PAID FOR | ADD'L CLAIMS FILED | LARGE ENTITY FEE | \$ FEE | |
|-----|---|----------------------------|---|-----------------------|---------------------|--------|--|
| A | TOTAL CLAIMS FEE | 12 | 12 | 0 | X \$ 50 | \$ 0 | |
| 8 | INDEPENDENT CLAIMS FEE** | 3 | 3 | 0 | X \$200 | 0 | |
| С | MULTIPLE- DEPENDENT | | | | X \$ 360 | 0 | |
| D | EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160 | | | | | | |
| E | ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement, Terminal Disclaimer, etc.) Specify: | | | | | | |
| F | TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E) | | | | | | |

X

Charge Deposit Account No. 16-0068

the amount of

\$0**

A copy of this letter is enclosed.

- The Commissioner is hereby authorized to charge payment of the following fees X associated with this communication or credit any overpayment to Deposit Account No. 16-0068
 - Any additional filing fees required under 37 CFR 1.16.
 - Any patent application processing fees under 37 CFR 1.17.
- The Commissioner is hereby authorized to charge payment of the following fees during X_{-} the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
 - Any patent application processing fees under 37 CFR 1.17.
 - <u>X</u> X_ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date

Peter A. Nichols, Reg. No. 47,822 Patent Attorney for Applicants

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office